Whāia te Ara Rangahau Hauora Māori
Pathways for Māori Health Research
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From the Chair of the HRC Māori Health Committee

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From the HRC Chief Executive

Tena koutou

The Health Research Council of New Zealand (HRC) contributes to improving Māori health through funding and supporting high quality research and investing in the Māori health research workforce. Our vision for Māori health research is:

All health research in Aotearoa New Zealand benefits the health and wellbeing of tangata whenua

Mā te rangahau hauora e tautoko te whakapiki ake te hauora Māori.

This folder is designed to provide those with an interest in Māori health research with an overview of the HRC, its activities in the area of Māori health and information on the various forms of funding available for Māori health research. I encourage you to read the folder and consider the opportunities which are available to you and to get in touch with a member of the Māori Health research team, telephone (09) 303 5200, should you have further questions.

Dr Robin Olds
Chief Executive
Health Research Council of New Zealand
As Chair of the Māori Health Committee, I am a strong advocate for building up our Māori health research workforce and share the vision of the HRC to improve Māori health. There have been over 500 Māori PhD graduates since the early 1990s and many have sought support throughout their career path through different funding streams, such as the opportunities outlined in this folder.

As you will see there are a variety of different funding sources available for those that share an interest in Māori health research. Funding is applicable to a range of people, including iwi, hapu and whanau, and for a diverse range of topics.

The Māori Health Committee also holds regular Hui Whakapipiripiri, where participants come together to foster collaborations that promote and strengthen the wellbeing of Māori communities, whanau, hapu and iwi. The Hui provides an environment to seek knowledge, build relationships through networking and gain an understanding of current health and research issues pertaining to New Zealand and overseas.

I hope you will seriously consider the funding that the HRC has available and seek to support Māori health research by finding out more information and applying for funding.

Professor Linda Tuhiwai Smith
Ng ti Awa, Ng ti Porou
Chair
HRC Māori Health Committee
The Māori Health Committee

The Māori Health Committee (MHC) is a statutory committee of the HRC, advising the Council on health research into issues that affect Māori. The Committee also makes funding recommendations to the Council, relating to Māori health research proposals and Māori health research workforce development.

The MHC has a membership of seven, with the chair of the Committee being a member of the HRC Board. Members have a range of expertise including public health, community development, biomedical research and health service delivery. The committee is currently chaired by Professor Linda Tuhiwai Smith. Other members are: Dr Matire Harwood, Dr Amohia Boulton, Dr Paul Reynolds, Ms Mere Balzer, Ms Kahu McClintock and Dr Leonie Pihama.
The HRC holds annual Māori health research roadshows to provide an overview of HRC funding opportunities. These presentations allow researchers to ask questions about HRC processes and provide feedback. Writing workshops are usually held in conjunction with the Māori health research roadshows. The following centres are typically included: Auckland, Wellington, Christchurch, Dunedin, Palmerston North, Hamilton, Northland and Whakatane.

The writing workshops are aimed at:

- health researchers based at academic institutions including Master’s and PhD students, as well as emerging, mid-career and senior health researchers;
- Māori community organisations and their staff who may be looking to partner with academic health researchers or who may wish to put in their own, stand-alone grant applications; and
- staff and clinicians at DHBs and PHOs who may wish to partner with academic health researchers or develop their own, stand-alone grant application.

The workshops will have a particular focus on:

- having a good idea and translating this idea into a research question;
- health significance;
- linkages to policy;
- research design and methodology;
- timelines (from planning for grant writing through to execution of the grant and knowledge translation);
- bringing together a research team to assist in answering the research question which will compel participants to consider:
  - What is the best combination of team members to address the research question?
  - What workforce development issues might be encountered?
  - Who should be consulted about the research?
  - What communities might be affected by the research and what processes of community engagement must be factored into grant writing?
- budgets; and
- dissemination and knowledge translation.

Dates and venues for individual locations will be available on the HRC website http://www.hrc.govt.nz.

Locations and topics may vary from year to year.
Hui Whakapiripiri

In recent years the HRC’s Māori Health Committee has reinvigorated the tradition of regular Hui Whakapiripiri. Hui have been held at different locations around Aotearoa in 2005, 2006, and 2010.

Hui Whakapiripiri in 2005 was held in Christchurch with the theme of Matiro Whakamua ki te Oranga o te Māori – Look to the Future for Māori Wellness. The Hui was cohosted by the University of Otago’s Christchurch School of Medicine. Keynote speakers included Sir Tipene O’Regan and Dr David Tipene-Leach.

In 2006 Hui Whakapiripiri was held at Te Papa Tongarewa in Wellington. The theme for the hui was Whānau Tu, Whānau Ora – Strong and Healthier Families. The Hui was hugely successful with over 150 people attending. Keynote speakers included Professor Sir Mason Durie, Hon. Tariana Turia, Hon. Mita Ririnui, Professor Kekuni Blaisdell and Mr Moana Jackson.

The Waipuna Hotel and Conference Centre in Mt Wellington, Auckland, hosted Hui Whakapiripiri 2009. The most recent hui was held in Rotorua in July 2010. The theme of the hui was Hangaia to whare kōrero ma ngā pou rangahau et tu - Building your house of learning - and applied to Māori health research through the four streams of creativity, consent, consultation and community health research. Keynote speakers were Hon. Tariana Turia, Associate Professor Helen Moewaka Barnes, Mr Moana Jackson and Professor Te Ahukaramū Charles Royal. For more information or to download the Hui reports, visit www.hrc.govt.nz.
Māori Health Research Database

The HRC’s Māori Health Research Committee announced the launch of the Māori Health Research Database in June 2008.

The creation of this database is part of the fulfilment of Goal 5 of Nga Pou Rangahau Kia Whakapiki Ake Te Hauora Māori 2004-2008 (The Health Research Strategy to Improve Māori Health and Wellbeing 2004-2008). The database of Māori health research has been called for by Māori health researchers at previous Hui Whakapiripiri.

The Māori Health Research Committee see the benefits of this database as:

- improved dissemination;
- increased uptake of research results and outcomes;
- enhanced opportunities for networking and collaboration.

The database will allow users to search for projects in the area of Māori health funded by the HRC since 1999. Both Simple and Advanced search facilities are available. Search options include the following: By name, title, discipline, date and organisation.

To search the database visit the HRC’s homepage and follow the links or visit http://search.hrc.govt.nz/ Māori research/
In April 2008 the HRC released a report on the evaluation of career development awards in Māori health research. The evaluation highlighted the success of the awards programme in building and developing Māori health research capacity and capability, and identified ways in which the HRC can further support and encourage career development. The survey pointed towards students establishing careers in the research sector, and the information provided by awardees will greatly contribute to improvements to the programme.

The HRC’s Annual Funding Round is the core funding activity of the HRC. Through this process investigator-initiated health research proposals are funded in a range of health research disciplines. Research must meet the mission of the HRC, which is to benefit New Zealand through health research.

The HRC offers funding for Projects, Programmes, Emerging Researcher First Grants and Feasibility Study Grants.

**Projects**

These are available to an individual or group of researchers working on a clearly defined research project. Project contracts are restricted in value to $400,000 per annum to a maximum contract price of $1,200,000.
The Māori community heart study

An extensive five-year community-based study, funded by the HRC, is expected to provide a much better picture of the state of Māori cardiovascular health and give a clear direction on the prevalence of cardiovascular risk factors. The project led by Ms Suzanne Pitama and Dr Vicky Cameron from the University of Otago’s Christchurch School of Medicine and Health Sciences, has recruited 250 Māori from each of two diverse communities - *Ngati Kahungunu ki Wairoa* in Hawke’s Bay and *Mana Whenua ki Waitaha* in Canterbury. A non-Māori cohort age and gender matched in Christchurch has also been recruited (funded by the National Heart Foundation).

Research participants were invited to attend a two hour screening clinic which involved; a clinical interview, blood pressure, bloods, body composition, ECG, Echocardiogram and GP/Cardiologist consultation. The research team is currently analysing the results. This has also included following up on the results of the triage system which referred patients to a 24 month follow up visit (done by the study), an immediate GP referral (their own GP) or a cardiologist referral (through Hawke’s Bay DHB or Canterbury DHB).

Suzanne Pitama has gained community support and her team has worked to ensure that the study stays within a kaupapa Māori framework and delivers research that is focused on Māori health gains.

“Our focus has been to screen and then track each of the participants through a two year journey and look at the key issues around access to care, delivery of services and any kind of potential barriers. It has meant looking at what works well and what doesn’t work well within primary health and secondary healthcare in cardiovascular service delivery,” she says.

Suzanne says they want to see, when given an even playing field, how current health practices work to support and drive Māori health gain.
Programmes

HRC Programmes have a five year term, a budget of up to $5M over five years and are intended to provide support for the long-term development of a research field by a group of established investigators, with an outstanding track record of achievement.

Te Pumanawa Hauora

In 1993 a team of researchers led by Professor Sir Mason Durie were awarded the first programme grant in the area of Māori health research. Te Manawa Hauora ki Manawatu focused on whānau ora and the health of older Māori. Programme funding for the initial five years was extended in 1998 and a new programme – Te Pūmanawa Hauora (TPH) was awarded in 2003. The research team had this grant extended in 2007 for a further three years.

Originally part of the School of Māori Studies at Massey University, TPH became a core programme within the Research Centre for Māori Health & Development at Massey under Professor Chris Cunningham’s leadership in 2003.

Te Pumanawa Hauora currently comprises three separate projects. The first, Oranga Kaumatua is a study of the health and wellbeing of older Māori. The second, Hua Oranga, involves the development of a model to measure Māori mental health outcomes. The final project, Nga Ahuatanga o nga Tamariki Māori, involves the testing and validation of a self-assessed health measure suitable for Tamariki Māori.

All three projects focus on some consistent themes: They each have produced, and are now moving to implementing, assessment tools which focus on population health (kaumatua, tangata whaiora, tamariki); they each combine qualitative and quantitative methods and seek to develop new tools appropriate to a Māori setting (kaupapa Māori); they each provide vehicles for workforce development through academic training (PhD candidates) and through community outreach (peer interviewers, community organisational up-skilling).

Te Pumanawa Hauora has made an extensive contribution to the Māori health research workforce. The Te Pumanawa Hauora Doctoral Training Programme has seen six doctorates awarded to Māori candidates (to 2006) and it was expected that in years four to six of the programme, at least a further six Māori doctoral candidates will graduate, as a direct result of research in the programme. However, this target
is likely to be exceeded; as of May 2009 a further four had graduated and eleven Māori doctoral candidates are currently studying.

Te Pumanawa Hauora have also supported eleven Māori post-doctoral fellows; two HRC Post-doctoral fellowships awarded in 2009 were to Hope Tupara and John Waldon – both successful HRC Māori doctoral trainees.
Emerging Researcher First Grants

These are available to provide research funds to support emerging researchers who are seeking to establish independent careers in health research and who have NOT previously held a competitive research contract for research expenses of over $50,000 from any source. These are limited to a maximum amount of $150,000 over a period of three years.

Whānau bioethical decision making

Hope Tupara, based at Te Pumanawa Hauora, investigated whānau decision processes by way of a retrospective qualitative case study of the decision making experience of three whānau, who participated in genetic research into a medical condition impacting on their health. The study identified principles and practice that whānau utilise to guide decision processes, findings that are neither fully nor partly explained by western decision theory.

Mrs Tupara’s study emphasises the important link between identity, social processes and whānau wellbeing, and highlights limitations of the current health system that is couched within the dominant constitutional, legal and ethical framework. The study concluded that these limitations contribute to the ongoing inequalities in health.

Hope Tupara is a practising midwife.
Feasibility Study Grants

The purpose of these funds is to support research for a feasibility study in the fields of population health or clinical research. These are small studies carried out for the purpose of testing feasibility issues affecting a planned, larger study. Up to $150,000 is available over one year.

Whānau ora cardiovascular risk assessment and management

Dr Tania Riddell was awarded a Feasibility Study grant in 2008 to investigate the feasibility of a randomised controlled trial to compare a whānau ora service for cardiovascular risk assessment and management, with general practice-based care for Māori in a community setting. Dr Riddell believes that whānau ora cardiovascular risk assessment and management has the potential to reduce some of the barriers that currently exist for Māori for access to high quality, appropriate and timely health services.

Cardiovascular disease (CVD) is New Zealand’s biggest killer and leading cause of loss of healthy life years. Māori are disproportionately affected by this burden and CVD is the main reason for the increasing difference in life expectancy between Māori and non-Māori in New Zealand. Typically cardiovascular risk assessment and management occur within the context of a general practice, with blood tests taken at community laboratories. In the absence of support from whānau, this may be an important access barrier for cardiovascular risk assessment and therefore appropriate management for Māori.

Providing a service based on whānau ora may improve access for Māori and their whānau to quality, appropriate and timely cardiovascular health services. This feasibility study grant will allow the research team to undertake much of the planning and scoping required for the randomised controlled trial as well as establish vital community links and partnerships. It will ensure that the whānau ora model is acceptable to both Māori and funders such as DHBs, have a study design that is appropriate to all stakeholders and ensure that the randomised controlled trial will obtain valid results within the time available.
Seeding Grants and Grants-in-Aid

Seeding Grants are intended to support the planning and scoping of a potential research project which would subsequently be submitted to the HRC. This could include developing and piloting Māori health research applications or the cost of consulting with particular communities to develop a research project. Maximum duration is one year and up to $5,000 is available. There are two rounds of seeding grants a year, in July and November.

Grants-in-Aid are available for dissemination of results of research, which key stakeholders have identified as important for future policy and health service development. Dissemination could include hui or publication of a report or book. Up to $5,000 per grant is available.

He Arakanihi ki te Oranga

Ruruhira Rameka (Ngāti Kahungungu, Tuwharetoa) secured funding through the HRC’s Rangahau Hauora project to examine the health experiences of rural Māori women and developing skills in kaupapa Māori research. She then secured further funding through a Grant-in-Aid to disseminate the results of her study.

She conducted a quantitative research study of four Ngāti Pāhauwera women aged between 25-44 years, recording their narratives and experiences to inform iwi and health policies. These women live within the hapu boundaries of Ngāti Pāhauwera and Ngāti Kurahikakawa, which is located near Wairoa in the North Island.

Ms Rameka found that financial poverty was the biggest barrier to the women accessing health services. The hidden costs associated with visiting the hospital, such as transport, distance, accommodation and meal costs, had a significant affect on these women accessing health care for themselves and their families.
International Collaborative Indigenous Health Research Partnership

The International Collaborative Indigenous Health Research Partnership (ICIHRP) aims to address the inequalities in health outcomes which exist for indigenous peoples in New Zealand, Canada and Australia.

In 2002, the Health Research Council of New Zealand (HRC), the Canadian Institute of Health Research (CIHR) and the National Health and Medical Research Council (NHMRC) Australia, the national health agencies for each country, formed a partnership to support research in the area of indigenous peoples’ health with the goal of improving the health of indigenous peoples in these three countries.

As part of the agreement, the partners are working to promote multi-disciplinary, multi-institutional and multi-sectoral collaborations between the health research agencies of Canada, Australia and New Zealand.
Exploring how indigenous peoples protect themselves against Blood Borne Viruses and Sexually Transmitted Infections, including HIV

Dr Clive Aspin (Ngāti Maru) was awarded one of the three grants under the ICIHRP has provided a better understanding of the protective mechanisms indigenous people use to keep themselves free from infections – particularly Hepatitis C and HIV.

Dr Clive Aspin, (formerly of The National Institute of Research Excellence for Māori Development and Advancement at The University of Auckland) collaborated with Dr Neil Andersson (Community Information and Epidemiological Technologies Group, affiliated with the University of Ottawa, Canada) and Professor John Kaldor (University of New South Wales, Australia) on the five-year study.

The early stages of the project have involved information gathering, interviewing people and running focus groups to get a good understanding of what people deploy in terms of protective mechanisms around those diseases. These activities have been supplemented by regular meetings and teleconferences involving the diverse range of people affected by STIs and BBVs. Already, it is clear that indigenous communities have strong networks in place that play a key role in ensuring good health and well-being. These need to be integrated into health initiatives at community and government levels to build the ongoing resilience of indigenous communities.

The information gathered has helped to inform the intervention, with a similar approach being used in all three countries. “One great advantages of this project is that there is huge potential for indigenous people to learn from one another and build relationships that will have a real impact within countries and across borders,” says Dr Aspin.
Vision Mātauranga Capability Fund - Ngā Kanohi Kitea

Released in 2009, the Ngā Kanohi Kitea grants provide opportunities for iwi, hapu and community based groups to investigate a well-defined community identified area of Māori health need or gain and is targeted at groups who have not had significant research funding, but want to build their capability in this area.
HRC/Ministry of Health Joint Venture

Through the Māori Health Joint Venture, the HRC and the Ministry of Health (MoH) seek to establish a flagship portfolio of collaborative research that will:

- contribute to the development of Māori research capacity;
- underpin key policy decisions; and
- have the potential to contribute significantly to Māori health outcomes.

The research funded through this partnership will also provide the evidence for improving access to and effectiveness of services for Māori and supporting whānau to achieve their maximum health and wellbeing.

Several projects have been funded to date through this partnership. The first project explored Māori consumers use and experience of health, disability and ACC services. Two subsequent projects focused on the need for trained Māori professionals, managers, community and voluntary workers to strengthen the health and disability sector to deliver effective and appropriate services to whānau where they are located. A research project examined Māori health and disability workforce recruitment and retention issues to identify what attracts and discourages young Māori from entering into the health science professions. A later project evaluated the Māori Health Scholarship Programme including an assessment of the strengths and weaknesses of the programme and its overall impact on the Māori health and disability workforce.

He Ritenga Whakaaro

Dr Peter Jansen presented the findings of Māori Experiences of Care: He Ritenga Whakaaro at Hui Whakapiripiri in March 2009. The survey found that a significant proportion of Māori have such negative experiences of health services that they say they are less likely to access medical care when they need it. The survey sought to understand what lies behind the paradox of Māori having higher health needs but actually receiving lesser health services. While most Māori are getting good services from their health professionals, a sizeable number of Māori patients feel that health workers have negative attitudes towards them. This means they may avoid seeking healthcare in the future. The survey points to ways to improve Māori patients’ use of healthcare services, by focusing on identifying and improving health providers’ attitudes and behaviours.
Summer Studentships

Summer Studentships are available to introduce research to those students who have the potential to develop careers in Māori health research. The project should be a distinct piece of research that is achievable within the period of the studentship (usually ten weeks). Some training in research methodology and report writing should be involved and the student is encouraged to present the results of the research at a seminar and/or by publication.

**Who can apply:**

Applications are sought from students undertaking health related courses wishing to be involved in a Māori health research project over the summer vacation.

**Value:**

The value of the summer studentship is $5,000. Half the remuneration will be allocated at the outset of the studentship, with the remaining amount paid when the student’s research report is received.
A review of career pathways of Māori Bachelor of Physiotherapy Graduates

Matthew Carrington (Whakatohea, Tainui) received a Māori Summer Studentship to review career pathways undertaken by Bachelor of Physiotherapy graduates who identified as Māori at the University of Otago.

The project was a qualitative study that comprised of a computer-based questionnaire that was accessed by a cohort group and was returned by email. The aims of the study were to document career pathways undertaken by graduates and gather information relevant to cultural competency. Findings would then be integrated into the on-going development of the School of Physiotherapy’s Māori strategic framework.

The review highlighted a number of findings pertaining to Māori health outcomes. One of the findings showed that the majority of respondents were practising in musculoskeletal physiotherapy; this is significant due to the high mortality and morbidity of intentional and unintentional injury in Māori. Respondents also highlighted the important role that cultural competency plays in both undergraduate and workplace environments.

Perceived health benefits derived from a commitment to speak Te Reo Māori

Emma Mapihi Campbell (Ngaiterangi/Ngati Ranginui to Tauranga Moana/Ngati Kahungungu), a third year Bachelor of Social Science student at the University of Waikato, undertook research that connected with her personal journey regarding the benefits of learning te reo Māori.

Emma, who grew up with two fluent speaking grandparents, was never allowed to speak te reo due to her grandfather’s childhood experiences. As a consequence she could understand but not converse. Emma took it upon herself to learn te reo Māori and was determined that her children be at the least sufficiently fluent.

Emma’s journey in increasing her use of te reo was of much benefit to her and she was then inspired to undertake research of to see if other women felt the same way.

Emma’s research “Perceived health benefits from a commitment to speak te reo Māori in the home” (four women’s perspectives) was funded through a Māori Summer studentship.
Masters Scholarships

Masters Scholarships are intended to provide one year of personal support for students completing the research component of a master’s degree in a health related field.

Who can apply:

Usually successful applicants will be enrolled fulltime for a Masters degree at a New Zealand university. The HRC funds the ‘thesis year’ of the Masters degree.

Value:

The value of the Masters Scholarship is $10,000. Successful applicants may apply for a tikanga allowance of $1,600 over the tenure of the award and tuition fees may be claimed from the HRC.

Exploring resiliency factors for prevention and management of Chlamydia in young Māori women

Physiotherapist Cathrine Waetford (Ngā Puhi) completed a Master of Health Science after receiving a scholarship from the HRC.

After working for ten years as a physiotherapist in Auckland, she decided to change her career path to enable her to make a greater contribution to improving health outcomes for Māori.

As part of her studies, she looked at why some Māori women are reluctant to protect themselves against Sexually Transmitted Infections (STIs). Her focus was on prevention and management of Chlamydia in young, urban Māori women. The aim of the study was to enhance their health and wellbeing. The project contributes to the Mauri Tu, Mauri Ora study at The University of Auckland.

Cathrine is considering pursuing a PhD.
Tikanga based motivation to increase Māori exercise and physical activity

Jordan Waiti (Ngāti Pikiao and Te Rarawa) received a Māori Health Masters Scholarship to study Physical Education. He felt there needed to be more recognition of Māori psychologies, customs and concepts in the disciplines of the Psychology of Physical Activity and Exercise.

Jordan had graduated with a first class honours degree in Physical Education from the University of Otago in 2004 but wanted to continue with his studies at the university.

His goal was to help promote health and well being for Māori through exercise and physical activity that is framed from a Māori worldview.

The title of his research was ‘Tikanga-based Motivation for Physical Activity’.

His work fused Māori concepts and practices with international theories on the Psychology of Physical Activity and Exercise. The aim was to help increase Māori motivation to exercise and to make it fun an enjoyable. The research process was guided by kaupapa Māori.
PhD Scholarships

PhD Scholarships in Māori health research are intended to provide three years of personal support for students undertaking a PhD in a health related field.

Who can apply:

Usually applicants will be enrolled fulltime for a degree at the doctoral level in a New Zealand university.

Value:

The value of the PhD scholarship will normally be $25,000 per annum. A grant of $10,000 will be allocated to successful applicants for research expenses. Successful applicants may apply for a tikanga allowance of $5,000 over the tenure of the award. An allowance of up to $550 for thesis production may be claimed from the HRC and tuition fees may also be claimed from the HRC.

The nuclear architecture of cancer: Oncogenes in genomic space

Chris Rodley (Ngāti Koata) was awarded a three-year Māori Health PhD Scholarship from the HRC to work on a cutting-edge genetics project at Massey University. He is investigating the mechanisms of gene interaction and expression, with a view to implications for disease development and treatment.

Chris achieved a first class honours degree in Molecular Biosciences at Massey University, despite leaving college part way through his sixth form year with no qualifications. But his passion for science prevailed and he enrolled at university when he was 20. In 2007 he was named top Māori student and awarded a Purehuroa Māori Postgraduate Award for excellence and achievement.

His PhD project, which received $150,000 over three years from the HRC, is titled ‘The nuclear architecture of cancer: Oncogenes in genomic space’.

The crux of his research is to determine how the three-dimensional organisation of DNA in the cell nucleus affects the switching on or off of genes. The research looks at how interactions between DNA sequences separated by large distances can turn genes on or off is a relatively new area, he says. Ultimately, it is hoped this research can be applied to novel strategies for the development of therapeutics.
A Māori-centered inquiry into health governance: Māori directors on DHBs

Joy Panoho (Ngā Puhi) received a Māori PhD Scholarship to undertake her research looking at the contrast between Western and Māori governance in the corporate and institutional setting of the District Health Boards. The research is titled ‘A Māori-centered Inquiry into Health Governance: Māori Directors on DHB’s’, and will contribute to the understanding of Māori Director activity in post-colonial partnership leading to better decision making to fulfil the overall aim of whānau ora.

Joy’s research follows on from previous research undertaken in the health governance area and will look at the current environment, after the latest round of reforms. It is also in line with her research area of interest and previous work undertaken.
Postdoctoral Fellowships

Postdoctoral Fellowships in Māori health research are intended for the support of outstanding graduates who have recently completed a degree at doctoral level and who propose to conduct research in a health related field. Their purpose is to provide support for up to four years for researchers to gain further experience in their chosen fields and for them to become established as an independent researcher. Where appropriate, the Fellowship could include a period of up to two years of training that is undertaken overseas.

There are four named Postdoctoral Fellowships available:

- Erihapeti Rehu-Murchie Research Fellowship
- Eru Pomare Research Fellowship
- Hohua Tutengahe Research Fellowship
- Irihapeti Ramsden Research Fellowship

Who can apply:

Applicants must hold the degree of Doctor of Philosophy or an equivalent degree. Applicants should not normally have had more than three years postdoctoral experience.

Value:

The value of the Fellowship is based on the recipient’s qualifications and research experience in regard to salary levels set by the University. The HRC will provide a grant of up to $125,000 for research expenses associated with the research. The HRC will also provide an annual allowance of up to $2,500 for conference attendance and a tikanga allowance of $5,000 over the tenure of the Fellowship.

The significance of culture in mental health understandings

Dr Lynne Pere (Kāi Tahu, Ngāti Kahungunu, Kāti Māmoe, Rangitāne and Ngāti Porou) is investigating the significance of culture in indigenous mental health as part of her HRC-funded Māori Postdoctoral Fellowship.

Through face-to-face, in depth korero, Dr Pere is exploring indigenous peoples’ interpretations of their mental health experiences and the meanings they attach to them to determine the significance of culture in these understandings.

She is studying the understandings of indigenous peoples from New Zealand, Australia and Canada as part of the Fellowship.
According to Dr Pere, there are some well-recognised differences in symptom presentation across cultures, which support the finding that people with experience of mental illness tend to selectively express or present symptoms in culturally acceptable ways.

Dr Pere hopes to advance and enrich innovative thinking about mental health issues from an indigenous perspective, to inform alternative approaches to mental health policy in New Zealand and to benefit mental health practice with Māori.

Contracting for Whānau Ora

Dr Amohia Boulton (Ngai te Rangi, Ngāti Ranginui, Ngāti Pukenga) is member of the HRC Māori Health Committee and was awarded an HRC Postdoctoral Scholarship in 2005.

Dr Boulton has recently taken the position of Senior Researcher at Whakauae Research Services, an iwi-based health research unit under the umbrella of Te Maru o Ruahine Trust (the contracting and service arm of Ngāti Hauiti). At Whakauae Dr Boulton is able to further her expertise as a Māori health services researcher and build on a research programme which has investigated the complexities of providing culturally appropriate health services for indigenous peoples.

She is leading a range of projects at Whakauae including evaluations of community development and health promotion programmes, through to investigator-initiated research into how the government’s Working for Families policy contributes to whānau ora.

Prior to moving to Whakauae, Dr Boulton was based at Te Pūmanawa Hauora, the Research Centre for Māori Health & Development firstly as an HRC Māori Health Training Fellow, which enabled her to complete a PhD, and then as an HRC Erihapeti Rehu-Murchie Postdoctoral Research Fellow. Dr Boulton’s PhD research highlighted some key areas of concern in Māori mental health contracting; one of the conclusions from this work being that high level policy intent and contracting and performance frameworks do not always match the needs, or practice of service delivery, in the community.

Dr Boulton’s postdoctoral research built upon aspects of her PhD focusing on understanding how different contractual environments can support or hinder health service provision for indigenous peoples, through exploring the contracting environment for indigenous health providers in New Zealand and Canada. In Canada she concentrated on understanding contracting arrangements of Carrier
Sekani Family Services; a First Nations health and social service provider. This non-profit, community-based provider uses a mix of contracts to deliver culturally appropriate services to some 10,000 Carrier and Sekani people who inhabit a territory comprising 197,000 square kilometres in the north of British Columbia. Dr Boulton found that, as with many Māori health services, First Nations health and social service providers, once having secured a contract to provide services, adapt and enhance those contracts to better meet the specific health, wellbeing and cultural needs of the population groups they serve.

While in Canada, Dr Boulton was co-hosted by two organisations: The Manitoba First Nations Centre for Aboriginal Health Research (MFN-CAHR) at the University of Manitoba, Winnipeg, as an Aboriginal Capacity and Development Research Environments (ACADRE) International Scholar in Indigenous Health; and by the University of Northern British Columbia in Prince George, where she held the title of Visiting Professor.

Dr Boulton retains her links with Massey University having taken over the role of Doctoral School Coordinator for Te Pūmanawa Hauora for one day a week and through her collaborative research programme. Dr Boulton plans to continue her career as a Māori health and health services researcher and looks forward to mentoring young Māori health researchers.
Rangahau Hauora Awards

Rangahau Hauora Awards are intended to provide personal support to individuals seeking to undertake a period of research training relevant to Māori health. This award is particularly suited to individuals working in the health sector who do not have an academic background but who wish to learn a limited set of research skills relevant to a particular research project. This set of skills would enable them to be involved in an intended piece of research in their own area. Rangahau Hauora Awards are not intended to be the start of a full-time research career.

Who can apply:

Applicants are required to have a background and involvement in Māori community activities and be working or training in an area related to health.

Value:

The total value of each award will be determined by the HRC according to each individual’s circumstances and the duration of training to be undertaken, to a maximum value of $12,000 over the period of the award. The award may be used to pay for travel, transport, koha, communication costs, accommodation, living expenses and course fees (if required).

He Arorangi Whakamua -
A Ngāti hauiti tobacco control intervention

Gillian Pirikahu (Atihauunui a Paparangi) received funding through the Rangahau Hauora Award which enabled her to work on a collaborative iwi initiative that looked at stopping tamariki and rangatahi taking up tobacco smoking.

The study provided whānau with information about the meaning of smoking and their ideas for intervention. A model of intervention was built on findings and included a comprehensive approach with multiple intervention points based on traditional Māori concepts and values. It also utilised existing Māori structures and organisations within Ngāti Hauiti iwi.

Since receiving this award Gillian has been involved in a number of research projects.